

Exhibit 1

Account Agreement

Date: 07/13/17

Institution Name & Address	
WEST SHORE BANK 201 W. LOOMIS ST LUDINGTON, MI 49431-0627 (231) 845-3500	
Revised Date: 08/10/17 ADD LUCILLE MORENO AS AUS	
Owner/Signer Information 1	
Name	LUIS GOMEZ-ECHEVERRIA
Relationship	
Address	2480 E HAMMETT RD HART MI 49420-8490
Mailing Address (if different)	
Gov't Issued Photo ID (type, number, state, issue date, exp. date)	FOREIGN PASSPORT FP Redacted
Other ID (description, details)	
Employer	PURPOSE POINT HARVESTING
Previous Financial Inst.	
E-Mail	02114j86m@GMAIL.COM
Work Phone	
Home Phone:	Redacted
Mobile Phone:	
Birth Date:	Redacted
SSN/TIN:	Redacted
Ownership of Account	
The specified ownership will remain the same for all accounts.	
(For consumer accounts, select and initial.)	
<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Joint with Survivorship (not as tenants in common) <input type="checkbox"/> Joint with No Survivorship (as tenants in common)	
<input type="checkbox"/> Sole Proprietorship or Single Member LLC <input type="checkbox"/> Partnership <input type="checkbox"/> LLC-enter tax classification (<input type="checkbox"/> C Corp <input type="checkbox"/> S Corp <input type="checkbox"/> Partnership) <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> _____ <input type="checkbox"/> Trust-Separate Agreement Dated: _____ <input type="checkbox"/> _____	
Beneficiary Designation	
(Check appropriate ownership above.)	
<input type="checkbox"/> Revocable Trust <input type="checkbox"/> _____	
Beneficiary Name(s), Address(es), and SSN(s)	
(Check appropriate beneficiary designation above.)	

Internal Use
Account Title & Address
LUIS GOMEZ-ECHEVERRIA 2480 E HAMMETT RD HART MI 49420-8490

Enter Non-Individual Owner Information on page 2. There is additional Owner/Signer Information space on page 2.

☐ If checked, this is a temporary account agreement.

Number of signatures required for withdrawal: 1


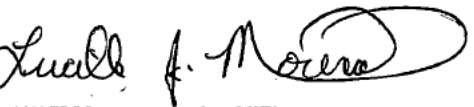
Signature(s)

The undersigned authorize the financial institution to investigate credit and employment history and obtain reports from consumer reporting agency(ies) on them as individuals. Except as otherwise provided by law or other documents, each of the undersigned is authorized to make withdrawals from the account(s), provided the required number of signatures indicated above is satisfied. The undersigned personally and as, or on behalf of, the account owner(s) agree to the terms of, and acknowledge receipt of copy(ies) of, this document and the following:

- ☒ Terms & Conditions ☒ Truth in Savings ☒ Funds Availability
☒ Electronic Fund Transfers ☒ Privacy ☒ Substitute Checks
☒ Common Features ☐ _____

☐ Authorized Signer (See Owner/Signer Information for Authorized Signer designation(s).)

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

- (1): [X] ]
 I.D. # Redacted D.O.B. Redacted
 LUIS GOMEZ-ECHEVERRIA
- (2): [X] ]
 I.D. # Redacted D.O.B. Redacted
 LUCILLE J MORENO, AUTHORIZED SIGNER
- (3): [X]]
 I.D. # _____ D.O.B. _____
- (4): [X]]
 I.D. # _____ D.O.B. _____

INPUT BY Cm 10/6/17
VERIFIED BY Jm 11/8/17